#### **CITY OF SACRAMENTO** 1231 I Street, Sacramento, CA 95814

Permit No: 0104604 Insp Area: 2

Site Address: 7535 WHITMORE ST SAC

Sub-Type: NSFR

Parcel No:

117-1380-042

LAGUNA V N 2 LOT 125

Housing (Y/N): N

**CONTRACTOR** 

**OWNER** 

**ARCHITECT** 

D. R. HORTON INC. 110 BLUE RAVINE RD STL. 209 FOLSOM CA. 95630

| Nature of Work: MP 1385  | 1 STORY 7 ROOM SFR  |
|--|---|
| CONSTRUCTION LENDING of the work for which this permit is  | <b>AGENCY</b> : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance issued (Sec. 3097, Civ. C).  |
| Lender's Name  | Lender'sAddress   |
| LICENSED CONTRACTOR  | Division 3 of the Business and Professions Code and my license is in full force and effect.  Date Date Contractor Signature Contractors License Law for the   |
| following reason (Sec. 7031 5. Bus any structure, prior to its issuance,   | RATION: Thereby affirm under penalty of perjury that I am exempt from the conductors Electric Entertaints and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions hapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil |
| for sale (Sec. 7044, Business and  | Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves nimself or herself or through his/her own employees, provided that such improvements are not intended or offered for improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did e of sale.)  |
| I, as owner of the property Code: The Contractors Elecante Lacontractor(s) licensed pursuant to the              | , am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions two does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a ne Contractors License Law)  |
| I am exempt under Sec.   | B & PC for this reason:   |
| Date   | Owner Signature   |
| all measurements and locations sho<br>or private agreement relating to pe<br>any improvement or the violation of | <b>PERMIT.</b> the applicant represents, and the city relies on the representation of the applicant, that the applicant verified town on the application or accompanying drawings and that the improvement to be constructed does not violate any law missible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any private agreement relating to location of improvements.   |
|  | ication and state that all information is correct. I agree to comply with all city and county ordinances and state laws and herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.   |
| Date   | Applicant/Agent Signature // Collins  |
| WORKERIE COMPENSATI  | ON DECLARATION: I hereby affirm under penalty of perjury one of the following declarations: ertificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the   |
| Y I have and will maintain w which this permit is issued. My w   | orkers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for orkers' compensation insurance carrier and policy number are:  |
| Carrier ARGONAUT I   | NS CO Policy Number WC62600115505 Exp Date 07/01/2000   |
| whall not employ any person in at  | ompleted if the permit is for \$100 or less). I certify that in the performance of the whole for which this permit is issued, by manner so as to become subject to the workers' compensation laws of California and agree that if I should become on provisions of Section 3700 of the Labor Code. I shall forthwith comply with those provisions.  |
| Date   | Applicant Signature N College DEVELOPMENT NEW ES  |
| WARNING: FAILURE TO SEC  | URE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLÖYER TO<br>CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF  |

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

# OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

| JOB ADDRESS:                         | THE THEOLOGY  | THE STUCCO SASIEM   | 1                                      |
|--------------------------------------|---|---|--|
| 1535                                 | Whitmore St   | ICBO Report #4004   | ************************************** |
| ELK Crove PLASTERING CONTRA          |   | Bate of Job Completion 2-   | 7-01                                   |
| Name:                                | STUCCO WORKS INC                                      | 2.  | ************************************** |
| Address:                             |   |   |  |
| Telephone No: 91                     |   |   | 95826                                  |
| Contractor Number                    | of Diamond Wall System                                | 7.4 % =   |  |
| IS ED AAGGGGG                        |   |   |  |
| report specified a                   | ass has been installed in<br>bove and the manufacture | ing system on the building exterion accordance with the evaluation er's instructions. |  |
| 7466                                 | Signature of  | authorized representative of  |  |
|                                      |   |   |  |
| This installation completion of work | card must be presented t                              |   |  |

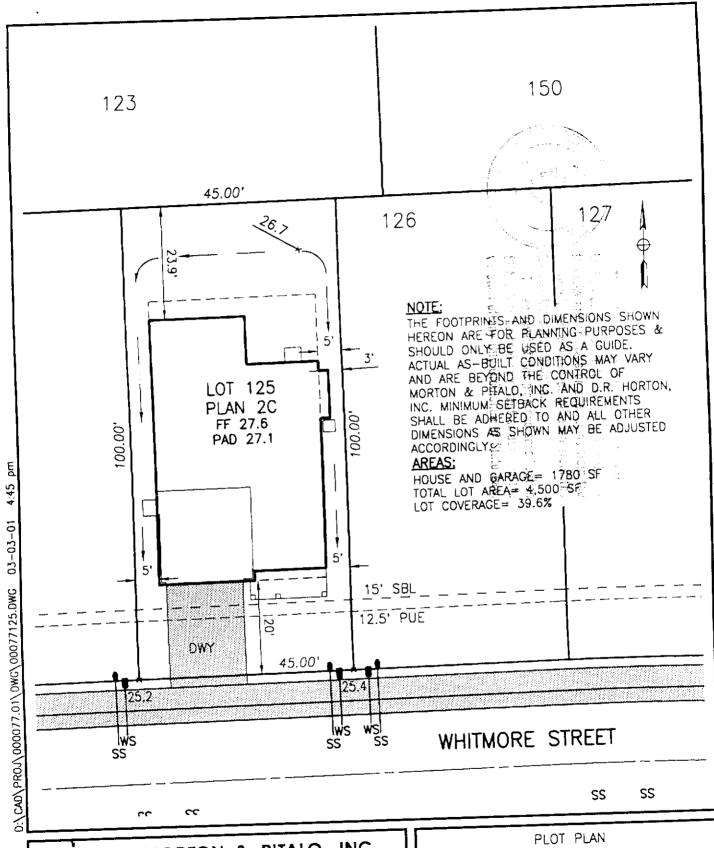
#### RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

| Project Address: 7535                                      | Whitmore St Assessor Parcel #  | ma Vega,  |
|--|--|---|
| Lot Number: 125  | Subdivision_ F-CEST  | ma regain   |
| OWNER INFORMATION:   |  | 104604  |
| Legal Property Owner: 0.1<br>Owner Address: 4401 Ho        | R. HORTON Phonizel Ave. #135; City FAIR Oaks,                          | ne# <u>965 - 2200</u><br>State <u>Ca</u> Zip <u>95628</u> |
| CONTRACTOR INFO  | RMATION:   |   |
| Contractor: DA HORTON                                      | ) Lic. # <u>750/90</u> Phone #   | 965-2200 Fax 956-22                                       |
| PROJECT INFORMATION  | <b>N</b> :   | ٠,  |
| Land Use Zone R1A  | Occupancy Group R3 Construction Ty                                     | pe <u>VN</u> Fed Code <u>1A</u>                           |
| i  | No. of Rooms: Stre   | · <del></del> ·   |
| 1 <sup>st</sup> Floor Area <u>/385</u> 2 <sup>nd</sup>     | Floor Area Basement  | Roof Material   |
| AREA IN SQUARE FOOT  | OF: Dwelling/Living/385  |   |
|  | Dweiting/Living / 78 /   |   |
|  | Garage/Storage 395   |   |
|  | Decks/Balconies 94   |   |
|  | Carports   | •   |
|  |  |   |
| SCOPE OF WORK:   |  |   |
|  |  |   |
|  |  |   |
| □ Information Above Complete                               | •  | □ Planning Approval                                       |
| ☐ Violation Files Checked☐ Standard Setbacks☐ County Sewer | ☐ Flood Elevation Certificate Required ☐ Water Development Infill Area | □ Design Review Approval □ Special Fee Districts Apply:   |
| →THE FOLLOWING MUS   | T BE PROVIDED IN ORDER TO SUBMIT FOR PERM                              | (IT+4   |
| 2 COMPLETE PLOT PLANS, LEG                                 | HBLE & DRAWN TO SCALE  |   |
| 11 X 17 COPY OF FLOOR PLAN                                 |  |   |
| a) Assessors Parcel Number<br>b) New Floor Area            | c) Owners Name<br>d) Project Address                                   | . <del></del>   |

Domnie #

## **CERTIFICATION OF INSULATION**

|                                     | ADDRESS OR TRACT                      |  |  | SACRAME                      | NTO INSULA                  | TION CONT      | RACTORS                       |
|-------------------------------------|---------------------------------------|--|--|------------------------------|-----------------------------|----------------|-------------------------------|
| D,n, Hor                            | MOTI                                  | 10Т* √75   | ▼ P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 |                              |                             |                | 01 LIC. #202026<br>C. #202026 |
|                                     |                                       |  | 332  | 6 A PONDEROS                 | SA WAY, LAS                 | VEGAS, NV      | 89118 LIC. #10675             |
| LAGUNA                              | UEGA                                  |  | DATE INS   | SULATION COMP                | PLETED                      |                |                               |
|                                     |                                       |  | CEILINGS   |                              | FLOORS                      |                |                               |
| WAL                                 |                                       |  |  | ARE FEET)                    | (                           |                | SQUARE FEET)                  |
| TYPE OF IN                          | SQUARE FEET) SULATION                 | TYPE   | OF INSULATI  |                              | TYPE OF INSULATION          |                |                               |
| MATERIAL FIBERG                     |                                       | MATERIAL FIE   | MATERIAL FIBERGLASS                                    |                              | MATERIAL FIBERGLASS         |                |                               |
| FORM BAT                            | TS                                    | FORM   | TS & BLOV  | <b>y</b>                     | FORM                        | FORM BATTS     |                               |
| MANUFACTURER'S PRODU                |                                       | MANUFACTURER'S P   |  |                              | MANUFACTURER'S PRODUCT I.D. |                |                               |
| MANUEAC                             | TURER                                 | MA   | IUFACTURER   | Ĺ                            |                             | MANUF          | ACTURER                       |
|                                     |                                       | And the state of t | OCF  |                              |                             | 00             | CF                            |
| 00                                  | CF .                                  | BAGS   |  |                              | -                           |                |                               |
| S B-VALUE                           | APPLIED                               | R-VALUE  | APPLIED  | MIN. INSTALLED<br>WEIGHT PER |                             | /ALUE<br>ALLED | APPLIED<br>THICKNESS          |
| INSTALLED                           | THICKNESS                             | INSTALLED T  | HICKNESS   | SOUARE FOOT                  | 11151                       |                | 10000000                      |
| S \ \ 3                             | 3348                                  | 30   | 1434"  |                              |                             |                |                               |
| T<br>E                              |                                       | TEE WALLS IF R-VAL   | IE IS OTHER  |                              | ABOVE                       | MANUFACT       | URER                          |
| D MATERIAL FIBERGLAS                | FORM                                  | BATTS  |  | 19                           |                             |                | OCF                           |
| •                                   |                                       | AIR INFI   | TRATION SE   | ALANT                        | *                           |                |                               |
| MATERIAL                            | TAA1                                  |  | MANUFA   | ACTURER                      | WRG                         | RACE           |                               |
| THIS IS TO CERTIFY                  | TORV                                  | · · · · · · · · · · · · · · · · · · ·  |  | ISTALLEN IN                  |                             |                | APPLICABLE CODES              |
| THIS IS TO CERTIFY MATERIAL STANDAR | THAT INSULATION /<br>IDS AND REGULATI | ONS.   |  | ISTALLED III                 |                             |                |                               |
| SIGNATURE - INSULATION              | CONTRACTOR                            | Longo  | TITLE  | MANAGE                       | R                           |                | -2-01                         |
| SIGNATURE—GENERAL CO                | ONTRACTOR                             |  | TITLE  |                              |                             | DATE           |                               |
| C REMARKS                           |                                       |  |  |                              |                             |                |                               |
| E<br>R<br>T                         |                                       |  |  |                              |                             |                |                               |
| F                                   |                                       |  |  |                              |                             |                |                               |
| C<br>A<br>T                         |                                       |  |  |                              |                             |                |                               |
| ()<br>()                            |                                       |  |  |                              |                             |                |                               |
|                                     |                                       |  |  |                              |                             |                |                               |
| <b></b>                             |                                       |  |  |                              |                             |                |                               |





### MORTON & PITALO, INC.

CIVIL ENGINEERING . PLANNING . SURVEYING

1788 TRIBUTE ROAD . SUITE 200 . SACRAMENTO, CA 95815 PHONE. 916/927-2400 . FAX. 916/567-0120

DRAWN: CHECKED: SCALE: GBH GBH 1"=20' JOB NO: DATE: SHEET: 000077.01 FEB 2001 1 of 1

### LAGUNA VEGA NORTH VILLAGE 2 LOT 125

SACRAMENTO, CALIFORNIA